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PTO/SB/01 (4-96) Approved for use through 9/30/98 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	Δ	Attorney Docket Nu	mb e	206					
DECLARATION	FOR '	First Named Invent	or	Schuhbauer, et al.					
UTILITY OR DE	SIGN	COMPLETE IF KNOWN							
PATENT APPLIC		Application Number		•					
	F	Filing Date							
	daration (Group Art Unit							
		Examiner Name	0						
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Sustained release form (retarded release form) comprising alpha-lipoic acid (derivatives)									
the specification of which is attached hereto OR Was filed on (MM/DD/YYY) September 29, 2000 as United States Application Number or PCT International									
Application Number PCT/EP 00/09585 and was amended on (MM/DD/YYY) November 16, 01 (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I admowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, \$1.56.									
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's cartificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Hot Claimed	Certified Cop YES	ny Attached? NO				
	rman rman	Oct 01, 99 Sept 16, 0		00000					
Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:									
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date (MN	VDDYYYY)	applicate are liste suppler	nal provisional tion numbers ed on a nental priority ttached hereto.					

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As a named inventor										
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Given	Name (firs	st and middle [i	if any])		Family Name or Sumame					
Hans_		là lann	A		Schuhbauer					
Inventor's Signature	X	fl fdlll		· 	· · · · · ·				Date	×14/02/0
Residence: City	Tro	stberg	State	DEX	Country	Ger	Germany Chizenship .D.			.DE
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Type a plus sign (+) inside this box + DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Middle Family Ivo Name Suffix <u>Pischel</u> Name Inventors Signature Residence: DEXCountry Trostberg State Citizanship City Germany Post Office Address Sonnenleite 6a, 83308 Trostberg, Germany Post Office Address City State Zφ Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Bernkop-Schnürch Name Inttal inventors Signature Residence: City Country Citizenship Wien ATIX Austria Post Office Address Althanstrasse 14, 1090 Wien. Post Office Address City State ΖIp Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Glv Middle Family Suffix Name INVENTOR'S Date Signature Residence: State Country Citizenship Post Office Address Post Office Address City State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Middle Family Suffix Name Name inventor's Signature Date Residence: State Citizanship City Country Post Office Address Post Office Address City State Country ZΙρ Additional inventors are being named on supplemental sheet(s attached hereto

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